

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 28, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT codes 95851, 97750-MT, and 97750 FC for dates of service May 30, 2002 through June 18, 2002.

II. RATIONALE

- CPT code 95851 for dates of service 5/16/02, 5/30/02, and 6/11/02 – Denied as “G – Reimbursement for this procedure is included in the basic allowance for another procedure.” Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(4) Range of Motion testing is not considered global. Requestor submitted ROM results supporting services were rendered as billed. Reimbursement in the amount of \$216.00 is recommended (\$36.00 per area x 6).
- CPT code 97750-MT for dates of service 5/20/02 and 6/6/02 – Denied as “G – Reimbursement for this procedure is included in the basic allowance for another procedure.” Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(3) is not considered global unless it is billed in addition to a functional capacity evaluation. Requestor submitted Muscle Testing results supporting services were rendered as billed. Reimbursement in the amount of \$172.00 (\$43.00 per area x 4).
- CPT code 97750-MT for date of service 6/17/02 – Denied as “G – Reimbursement for this procedure is included in the basic allowance for another procedure.” Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(3) muscle testing shall not be reimbursed in addition to a functional capacity evaluation (FCE). An FCE was performed on 6/18/02; therefore, muscle testing for this date of service is considered global. Reimbursement is not recommended.
- CPT code 97750-FC for date of service 6/18/02 – Denied as “D” -- EOB’s submitted by the requestor show that 3 of the 4 hours billed were paid at \$100.00 per hour. Requestor submitted the FCE report supporting services were rendered as billed. Reimbursement in the amount of \$100.00 is recommended (\$400.00 - \$300.00).

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 95851, 97750-MT and 97750-FC in the amount of \$488.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$488.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of October 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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